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SECRETARY OF STATE
ALL AHASSEE F. STATE

D. BRUCE
NOV 0 9 2011
EXAMINER

COVER LETTER

SUBJECT:	GIANNA REALTY, LLC.	
	Name of Limited Liability Company	
		· .
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corres	pondence concerning this matter to the following:	
	TERRI ADDEO Name of Person	
	Performance Collision Firm/Company	
	640 NE 6th Avenue	
	Delry Beach, FL-33483 City/State and Zip Code DC0/115/000 @ Rellsouth.net	SALL
	E-mail address: (to be used for future annual report notification)	IOV -
For further information	concerning this matter, please call:	
Terri	ADDEO at (561) 860-1695 Area Code & Daytime Telephone Number	PH 1:58 OF STATE E. FLORIBA
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	(additional copy is enclosed) Certified	e of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIANNA	PEALTY, LLC	
(Name of the Limited Liz (A Flo	ability Company as it now appears or orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi	ility Company were filed on2	and assigned
		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	कृष्टि है ग
(Principal office address MUST BE A STREET A	ADDRESS)	S S S
	·	FEST - D
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	· >
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
	. •	
Name of New Registered Agent:	<u>,</u>	
New Registered Office Address:		
	Enter 1	Florida street address
· -	·	, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> <u>Name</u> **Address** Type of Action MGRM 640 NE 6th Avenue ☐ Add Remove NE 6th Avenup Remove ☐ Add Remove ■Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Spotomber Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00